

## ANNEXURE A - ADDITIONAL APPLICANT DETAILS AND ACKNOWLEDGEMENT

## **GENERAL INFORMATION**

- 1. This annexure is to be used to provide details for additional applicants.
- 2. Please use 'BLOCK' letters if you are filling this form in by hand.
- 3. This form must be signed personally by the applicant(s).
- 4. Please attach this annexure to your application form.

## ADDITIONAL APPLICANTS

APPLICANT 2 - TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	MOR	TGAGEE/LESSEE	LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)			DATE OF BIRTH						
LEGAL/BUSINESS NAME (IF APPLICABLE	Ε)								
			][						
ABN			ACN						
STREET ADDRESS									
POSTAL ADDRESS									
TOWN/SUBURB			STATE	STATE		POSTCODE			
PHONE AND/OR MOBILE			EMAIL						
I declare the particulars supplied on the attached application form to be true and correct.									
SIGNATURE OF APPLICANT	SIGNATURE OF APPLICANT				DATE				
APPLICANT NAME (PRINT)									
APPLICANT 3 – TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	MOR	TGAGEE/LESSEE	LESSOR			
APPLICANT 3 – TICK RELEVANT BOX  FULL NAME (FIRST, MIDDLE & SURNAM		TRANSFEREE	TRANSFEROR	MOR		LESSOR			
	1E IN FULL)	TRANSFEREE	TRANSFEROR			LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAM	1E IN FULL)	TRANSFEREE	TRANSFEROR			LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAM  LEGAL/BUSINESS NAME (IF APPLICABLE	1E IN FULL)	TRANSFEREE				LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAM  LEGAL/BUSINESS NAME (IF APPLICABLE  ABN  STREET ADDRESS	1E IN FULL)	TRANSFEREE				LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAM  LEGAL/BUSINESS NAME (IF APPLICABLE  ABN	1E IN FULL)	TRANSFEREE				LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAM  LEGAL/BUSINESS NAME (IF APPLICABLE  ABN  STREET ADDRESS	1E IN FULL)	TRANSFEREE				LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAM  LEGAL/BUSINESS NAME (IF APPLICABLE  ABN  STREET ADDRESS  POSTAL ADDRESS	1E IN FULL)	TRANSFEREE	ACN		1	LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAM  LEGAL/BUSINESS NAME (IF APPLICABLE  ABN  STREET ADDRESS  POSTAL ADDRESS  TOWN/SUBURB	iE IN FULL)		ACN STATE EMAIL		1	LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAM  LEGAL/BUSINESS NAME (IF APPLICABLE  ABN  STREET ADDRESS  POSTAL ADDRESS  TOWN/SUBURB  PHONE AND/OR MOBILE	iE IN FULL)		ACN STATE EMAIL		1	LESSOR			
FULL NAME (FIRST, MIDDLE & SURNAM  LEGAL/BUSINESS NAME (IF APPLICABLE  ABN  STREET ADDRESS  POSTAL ADDRESS  TOWN/SUBURB  PHONE AND/OR MOBILE	iE IN FULL)		ACN STATE EMAIL	DATE OF BIRTH	1	LESSOR			

APPLICANT 4 – TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	MOR	rgagee/lessee	LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM		DATE OF BIRTH				
LEGAL/BUSINESS NAME (IF APPLICABLE	:)					
ABN			ACN			
STREET ADDRESS						
STREET ADDRESS						
POSTAL ADDRESS					ı	
TOWN/SUBURB			STATE		POSTCODE	
PHONE AND/OR MOBILE			EMAIL			
I declare the particulars supplied	on the attached ap	plication form to be	true and correct.			
SIGNATURE OF APPLICANT		DATE				
APPLICANT NAME (PRINT)						
APPLICANT 5 – TICK RELEVANT BOX	LANDOWNER	TRANSFEREE	TRANSFEROR	MORTG	AGEE/LESSEE	LESSOR
FULL NAME (FIRST, MIDDLE & SURNAM		DATE OF BIRTH				
LEGAL/BUSINESS NAME (IF APPLICABLE	:)					
ABN			ACN			
STREET ADDRESS						
POSTAL ADDRESS						
TOSINENDIKESS						
TOWN/SUBURB			STATE		POSTCODE	
PHONE AND/OR MOBILE			EMAIL			
PHONE AND/OR MOBILE  I declare the particulars supplied	l on the attached ap	plication form to be				
	l on the attached ap	plication form to be				
	l on the attached ap	pplication form to be		D	ATE	